

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        | 06-01-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | MM       | 920    | 07-30-01 |
| RESPONSE FORMALITY REVIEW | H-S      | 866    | 11-06-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 10/3/02 |
| 2     | ✓     | ✓        | 3/1/04  |
| 3     | ✓     | ✓        |         |
| 4     | ✓     | ✓        |         |
| 5     | ✓     | ✓        |         |
| 6     | ✓     | ✓        |         |
| 7     | ✓     | ✓        |         |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

70-511  
11/06/01